



**PATIENT**

Maple Larochelle

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

3 years

**WEIGHT**

13.9lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Karen Ebersole, DVM,  
DABVP

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Lane

**INVOICE**

46080

**DATE**

12/8/25

**PRESENTING CLINICAL SIGNS**

History: Recheck echo. Grade 2/6 heart murmur. Intermittent crackly cough, particularly during tracheal palpation. BW: Glob 5.6, K 3.3.

-Current medications: Clopidogrel 18.75mg, Pimobendan 1.25mg BID, Lasix 12.5mg am and 18.75mg pm (recent increase).

-Pertinent previous echo findings (8/2023 MML): HCM with moderate LAE. LV: 0.77cm, LA: 1.5, LA/AO: 1.9. Dyspnea and CHF were noted at that time.

**RADIOGRAPHIC FINDINGS \*NOTE: Images submitted for supplemental cardiac information only.**

A single lateral film is included. Mild cardiomegaly. No obvious evidence of CHF.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is moderately increased in dimension with a decreased chamber size. There is a mildly hyperechoic endocardium consistent with fibrosis. The papillary muscles are mildly remodeled and hypertrophied. The endocardium also appears remodeled. The left atrium is mildly dilated in size. No obvious smoke seen. The right atrium is mildly dilated. The right ventricle appears mildly affected as well. The mitral valve is normal in structure and mobility. No MR or TR. Blood flow through both the LVOT and RVOT is normal in velocity. No pericardial or pleural effusion. No obvious cardiac tumors.

**CARDIAC CHART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	6.3	200	0.77	1.1	0.75	56	90
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Swe) (Abbott)	LA 2D short axis Base view (cm) (Abbott)		LVOT VEL (m/s)	RVOT VEL (m/s)	E max (m/s)
NORMAL	<1.5	<1.3	<1.2		<1.6	<1.3	<0.9
PATIENT	1.6	1.5	1.3		1.2	1.1	NM
*Note: All measurements based upon multi-modal images and methods. An average value is reported. Adapted from June Boon, Veterinary Echocardiography, 1998 Abbott J & MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.							

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Compared to the prior evaluation findings are similar, which is good news given the time frame. The LV wall thickness is unchanged, and the LA dimension has actually improved (likely due to medical management). No additional issues are seen.

Given these findings, continued cardiac medications are recommended going forward. That being said, the reported cough is unlikely to be due to CHF. Consider other possible causes for the cough, such as underlying airway disease in this case.



## PATIENT

Maple Larochelle

Prognosis remains guarded long-term; however, this patient has already done better than the average, which is great news. Patient will always be at risk for recurrent episodes of CHF and development of blood clots in the future.

## SPECIES

Feline

Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent CHF at home.

## BREED

DSH

Continue Lasix. Plavix and Pimobendan as prescribed.

## SEX

Female Spayed

Monitor renal values and BP every 3-4 months lifelong.

A recheck echocardiogram is recommended in 6 months to assess progression.

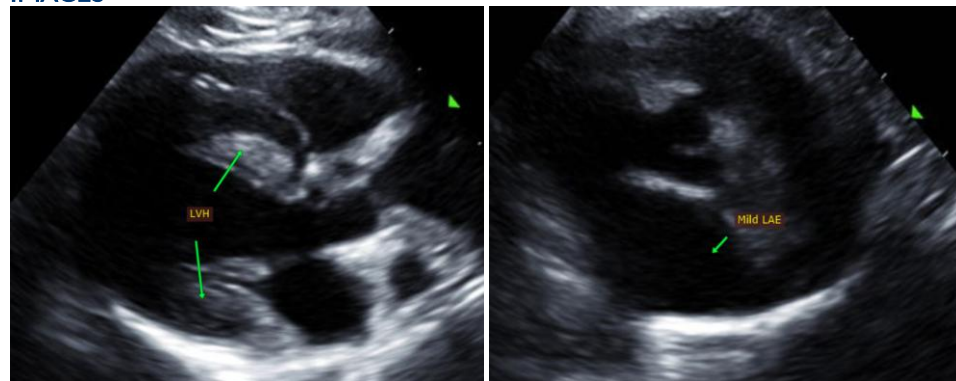
## AGE

3 years

## WEIGHT

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## IMAGES



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Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

## IMAGING PERFORMED BY

Karen Ebersole, DVM,  
DABVP

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

## HOSPITAL NAME

Scanvet

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